



2021-2022

OPERATION BACKPACK

\$20

**ELEMENTARY
SCHOOL**

**BACKPACK
& SUPPLIES**

\$25

**MIDDLE
SCHOOL**

**BACKPACK
& SUPPLIES**

\$35

**HIGH
SCHOOL**

**BACKPACK
& SUPPLIES**

YOUR GIFT IN ANY AMOUNT WILL HELP A STUDENT THRIVE THIS ACADEMIC YEAR!

DONATION INFORMATION

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

PLEASE MAKE MY DONATION IN THE AMOUNT OF:

☐ \$20 ☐ \$25 ☐ \$35 ☐ Other: \$ _____

PAYMENT INFORMATION

☐ Please accept my donation as a payroll deduction (Cooper employees only)

Signature: _____

☐ Credit Card

Card Type: ☐ Visa

☐ MasterCard

☐ American Express

☐ Discover

Name on Card: _____ Signature: _____

Card #: _____ Expiration: _____ CVV: _____

☐ Enclosed is my check (Make payable to The Cooper Foundation)

SEND COMPLETED DONATION FORM TO

The Cooper Foundation
3 Cooper Plaza, Suite 500
Camden, NJ 08103
or fax: 856.342.2109



TO DONATE ONLINE, VISIT

foundation.cooperhealth.org/give/employee-giving-opportunities/

